APR 25 1934

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 10916

Township ..... Primary Registration District No. 1003 Registered No. 2766

City St. Louis, Mo. (No. ....., Sanitarium St. ..... Ward)

2. FULL NAME Clara Westermann

(a) Residence, No. 4360 Washington Ave. St. 19 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 64 yrs. 7 mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ——

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 14. 1869

7. AGE: YEARS 64 MONTHS 7 DAYS 4 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rooming House Keeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Rooming House

10. Date deceased last worked at this occupation (month and year) unknown

11. Total time (years) spent in this occupation unknown

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Missouri

FATHER

13. NAME Henry Westermann

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) G. Unknown Germany

MOTHER

15. MAIDEN NAME Caroline Wenkle

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) G. Unknown Germany

17. INFORMANT (ADDRESS) F. H. Kohler 5400 Arsenal

18. BURIAL, ~~CREMATION~~, OR ~~REMOVAL~~
PLACE Bellefountain DATE 3/20, 1934

19. UNDERTAKER (ADDRESS) Oscar J. Hoffmeister 4016 Chippewa Ave.

20. FILED MAR 23 1934, 19 J. F. Biedeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/17/34, 19

22. I HEREBY CERTIFY, That I attended deceased from 11/27/33, 19 to 3/17/34, 19

I last saw her alive on 3/17/34, 19 Death is said to have occurred on the date stated above, at 5:20 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Purulent infection of buttock	
Septicemia (Non puerperal)	3/1/34
Cause unknown	
(Non Tuberculous)	

Other contributory causes of importance:

Arteriosclerosis	11/27/33

Name of operation Incision of abscess of buttock Date of 3/16/34

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) F. H. Kohler, M. D.

(Address) 5400 Arsenal

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.